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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none same*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *same*  
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged *SP McLaughlin* Examiner's Signature *SPM* Initials

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TITLE  
 Method and composition for the treatment of a viral infection

FILING FEE  RECEIVED 502	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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